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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	- Parametrica
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ADDRESS (number and street)	13,7800 BERKIL	LEY LAME		
Check if different than previously				
than previously reported. (ACC)	LIUMIBIEIRITIOINI		MC 12813161	السال
2. FEC IDENTIFICATION I	NUMBER ▼ CITY	A	STATE A ZIF	CODE A
C 005.06.4	12.8 3. IS T	THIS NEW PORT (N) OR	AMENDED (A)	J
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	(Q2) PRE-Election Report for the: (Q3) Election tion (d) 30-Day POST-Election Report for the:	O (M3) Jun 20 (M6 O (M4) Jul 20 (M7) Primary (12P) Convention (12C) on General (30G)	Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) in St	Nov 20 (M11) (Non-Election Year Onty) Dec 20 (M12) (Non-Election Year Onty) Jan 31 (YE) Runoff (12R) the tate of Special (30S)
5. Covering Period Of 2017 through O31 3.1 2017 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Marion Marion Date O41 10 2017				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010				